



17TH ANNUAL GOLF OUTING

MONDAY, JUNE 22, 2009

PLAINFIELD COUNTRY CLUB, PLAINFIELD, N.J.

50/50 Raffle • Prizes • Sports Memorabilia Auction

Registration: 10:30 a.m. – 12 p.m. • Lunch: 11 a.m.
Shotgun Golf Start: 12:30 p.m. • Cocktails and Dinner: 5:30 p.m.

Register early to guarantee play. Space is limited to the first 120 golfers.

Event proceeds will support programs and services that benefit the communities served by Saint Michael's Medical Center.

REGISTRATION — All registration fees are tax-deductible less the per-golfer cost of \$600 or the per-tennis player cost of \$310 inclusive of play, gift, lunch, snacks on the course, cocktail hour, and dinner.

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|--|--|
| <input type="checkbox"/> Golf Foursome and Tee Sponsorship \$3,200 | <input type="checkbox"/> Individual Tennis \$400 |
| <input type="checkbox"/> Individual Golfer and Tee Sponsorship \$1,000 | <input type="checkbox"/> Dinner Only \$100 |
| <input type="checkbox"/> Individual Golfer \$800 | |

SPONSORSHIP — Includes signage and program recognition.

- | | |
|---|---|
| <input type="checkbox"/> Event Benefactor* \$15,000 | <input type="checkbox"/> Golf Cart Sponsor* \$5,000 |
| <input type="checkbox"/> Outing Sponsor* \$10,000 | <input type="checkbox"/> Corporate Golf Sponsor* \$5,000 |
| <input type="checkbox"/> Luncheon Sponsor* \$7,500 | <input type="checkbox"/> Corporate Tennis Sponsor* \$3,500 |
| <input type="checkbox"/> Cocktail Hour Sponsor* \$7,500 | <input type="checkbox"/> Tennis Court Sponsor \$1,000 |
| <input type="checkbox"/> Dinner Sponsor* \$7,500 | <input type="checkbox"/> Hole/Tee Sponsor \$500 |
| <input type="checkbox"/> Massage Tent Sponsor* \$5,000 | |
| <input type="checkbox"/> Halfway House Sponsor* \$5,000 | <input type="checkbox"/> Cannot attend but would like to donate \$_____ |

*Includes foursome. *Includes 2 tennis players.

My total payment: \$_____

Please mail this form, with check made payable to Saint Michael's Foundation (FID EO-22-3311-976), to the following address:

Saint Michael's Foundation
17th Annual Golf Outing
1160 Raymond Blvd., 12th Floor
Newark, N.J. 07102
Attn: Francine Berra

For more information, please contact
Francine Berra, at (973) 690-3582 or
fberra@smmcnj.org.

Or fax the form with credit card information to (973) 690-3595.

PARTICIPATION/SPONSORSHIP

Name _____

Corporation _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Total payment: \$ _____

MasterCard Visa American Express Credit Card # _____ Exp. _____

Name on card _____ Address _____

Please list the names of all golfers/foursomes on the back of this form.

Please visit www.plainfieldcc.com for club guest policy.